



City of Alexandria, Virginia



2006 Affordable Homeownership Preservation (AHOP) Grant Program

THE APPLICATION DEADLINE IS SEPTEMBER 1, 2006

Application must be filed with the Finance Department by **September 1, 2006**. However, early submission is encouraged. The application should be mailed to the following address:

**Revenue Division
Taxpayer Services Branch
P. O. Box 178
Alexandria, VA 22313**

If you need assistance in completing the application, please contact:

**Revenue Division
Taxpayer Services Branch
301 King Street, Room 1700
Alexandria, Virginia 22314
Telephone: (703) 838-4572
Email: ahop@alexandriava.gov**

All sections of the application must be completed and documentation of all income must be provided as specified below. All data provided on the application is confidential and not open to the public. The application will be evaluated based on the following criteria:

**Property Value, Household Income and Net Combined
Financial Worth Requirements**

Household Income

The total combined adjusted gross household income of the applicant seeking a grant shall not have exceeded **\$100,000 (see below for specific categories) for the calendar year 2005**. Total combined adjusted gross household income consists of annual adjusted gross income (Form 1040, line 37 or Form 1040A, line 21 or Form 1040EZ, line 4) from all sources of the applicant, the applicant's spouse, of any relative of the applicant who resides in the dwelling, and of any other person who is an owner of and resides in the applicant's dwelling.

Value of Property

The property for which a real estate tax grant is sought must have an assessed value not exceeding \$527,000. Properties with a real estate tax assessment valuation of more than \$527,000 will not qualify for an Affordable Homeownership Grant.

Net Combined Financial Worth

The net combined financial worth of the applicant, the applicant's spouse, non-owner relatives, and of any other person who is an owner of and resides in the applicant's dwelling shall not exceed **\$50,000 as of December 31, 2005**. Net combined financial worth excludes the value of the home and lot on which it is situated up to two acres, as well as the value of personal vehicles and assets held in qualified retirement plans.

OWNERSHIP, RESIDENCY AND OTHER REQUIREMENTS

The applicant must own or partially own the property for which a real estate tax grant is requested on or before January 1, 2006. The applicant and/or the applicant's spouse must own at least 50 percent of the property.

As of January 1, 2006, the applicant **must occupy** the property for which the real estate tax grant is requested as his or her sole residence and must occupy the property **throughout the year**.

There may not be any outstanding taxes due on the property for which the grant is being sought. Homeowners who receive benefits from the City's Real Estate Tax Relief Program for the Elderly or Permanently and Totally Disabled are not eligible for the AHOP program.

<u>2005 Household Income Ceilings</u>	<u>Grant Amount</u>	<u>Qualifying Household Size</u>
\$0 - \$40,000	\$1,200	One or More Residents
\$40,001 - \$55,000	\$875	One or More Residents
\$55,001 - \$72,000	\$375	One or More Residents
\$72,001 - \$87,000	\$200	Two or More Residents
\$87,001 - \$100,000	\$200	Three or More Residents

Please Note

All of the criteria listed above must be met in order to qualify for the Affordable Homeownership Grant. Failure to provide a completed application with documentation of all income by the due date will jeopardize approval of the Homeownership Grant. The grant amount is subtracted from the Nov. 15 Real Estate Tax Installment.

OFFICIAL USE ONLY

DATE RECEIVED:

DATE COMPLETED:

DATABANK NUMBER:

*City of Alexandria, Virginia***OFFICIAL USE ONLY**

APPROVED:

DENIED:

ASSESSED VALUE:

2006 AFFORDABLE HOMEOWNERSHIP PRESERVATION (AHOP) GRANT PROGRAM

APPLICANT INFORMATION		
NAME (Applicant)	SOCIAL SECURITY #	BIRTH DATE
NAME (Spouse or Resident Co-Owner)	SOCIAL SECURITY #	BIRTH DATE
ADDRESS:		
CITY: _____ STATE _____ ZIP CODE: _____		
HOME PHONE NUMBER: () _____ DAYTIME CONTACT PHONE #: () _____		
EMAIL ADDRESS:		
NAME AND DAYTIME PHONE # OF PERSON TO CONTACT FOR FURTHER INFORMATION (if other than applicant):		

COMPLETE FOR ALL OTHER (THAN ABOVE) OWNERS OR RELATIVES RESIDING IN THE PROPERTY IN THE YEAR 2005			
NAME	RELATIONSHIP	SOCIAL SECURITY #	AGE

IS THE PROPERTY IN THE APPLICANT'S NAME?
YES ☐ NO ☐

WAS THE APPLICANT RESIDING AT THE ABOVE ADDRESS ON OR BEFORE JANUARY 1, 2006?
YES ☐ NO ☐

YEAR PURCHASED? _____

Income Information for January 1 through December 31, 2005

Were any household occupants required to file a Federal Income Tax Return for 2005? YES [] NO []

(If "yes," you **must** return a copy of the Federal Income Tax Return of each occupant with this application.)

(Use either Box A or Box B below, but not both, for each resident with income.)

Box A: USE THIS SECTION IF ANY OCCUPANTS WERE REQUIRED TO FILE A FEDERAL INCOME TAX RETURN

	If any occupants were required to file a 2005 Federal Income Tax Return, enter <u>Adjusted Gross Income</u> on the appropriate line below. Otherwise list income from all sources on lines 1 through 12 in the Box B below.	Applicant	Spouse or Co-Owner	Other Owner 1/ Relative 1	Other Owner 2/ Relative 2
	Adjusted Gross Income (Form 1040 line 37, 1040A line 21 or 1040EZ line 4)	\$	\$	\$	\$

Box B: USE THIS SECTION ONLY WHEN A FEDERAL INCOME TAX RETURN IS NOT FILED (Please enter annual—not monthly—amounts)

	If any occupants were not required to file a 2005 Federal Income Tax Return, enter <u>Total Gross Income</u> for the specified categories on lines 1-12 below for each occupant.	Applicant	Spouse or Co-Owner	Other Owner /Relative 1	Other Owner /Relative 2
1	Wages, salaries and commissions	\$	\$	\$	\$
2	Interest income (taxable and non-taxable)	\$	\$	\$	\$
3	Dividend income (taxable and non-taxable)	\$	\$	\$	\$
4	State of Virginia tax refund from 2004 tax year received in 2005	\$	\$	\$	\$
5	Other (alimony, gifts, child support, etc.)	\$	\$	\$	\$
6	Business income or loss	\$	\$	\$	\$
7	Capital gains or losses	\$	\$	\$	\$
8	Distributions from IRA or other retirement accounts	\$	\$	\$	\$
9	Pensions and annuities	\$	\$	\$	\$
10	Rental real estate, royalties, partnerships, etc. (net)	\$	\$	\$	\$
11	Unemployment compensation, disability, sick pay, etc.	\$	\$	\$	\$
12	Social Security or Railroad Retirement payments	\$	\$	\$	\$
	Total Gross Income For Each Person (add lines 1 through 12)	\$	\$	\$	\$

Total Combined Household Income (total from Box A plus total from Box B, if any) \$ _____

NO TE : Income information for additional owners or relatives residing in the property must be provided on a separate sheet attached to this application.

**NET COMBINED FINANCIAL WORTH SECTION AS OF 12/31/05
(NOT INCLUDING PRINCIPLE RESIDENCE AND LOT UP TO TWO ACRES, VALUE OF PERSONAL
VEHICLES AND ASSETS IN QUALIFIED RETIREMENT PLANS)**

	List of Assets	APPLICANT	SPOUSE or Co-Owner	Other Owner 1/ Relative 1	Other Owner 2/ Relative 2
1	Cash on Hand				
2	Checking Accounts				
3	Savings Accounts				
4	Savings Certificates (CD's)				
5	Stocks, Bonds and/or Mutual Funds not in Retirement Plans				
6	Life Insurance (Cash Value Only)				
7	Annuity (Cash Value of Non-Qualified Retirement Plans)				
8	Other Non-Retirement Accounts				
9	Other Real Estate Owned				
	TOTAL (add lines 1 through 9)				

Add total assets for all columns on this page to arrive at Net Combined Financial Worth \$ _____

PLEASE NOTE

- **A copy of the 2005 Federal Income Tax Return (pages 1 and 2 and all schedules reporting income, if used) must be attached to this application, if required to file, for the following persons: the applicant, spouse, and each owner or relative residing in the property in 2005. Do not include Virginia Tax returns or Schedule A of Form 1040.**
- All applicants and other owners or relatives residing in the property in 2005 who are not required to file a Federal Income Tax Return must provide copies of supporting documents that will verify **all sources of income. i.e., W-2, 1099 forms, Social Security Statement (SSA 1099), Railroad Retirement Statement, etc.**
- **Applications are due no later than September 1, 2006.**

DECLARATION

I declare under the penalties provided by law that this application, financial statement and any accompanying schedules, have been examined by me and to the best of my knowledge and belief are true, correct, and complete. (Any person or persons falsely claiming a real estate tax grant shall be guilty of a misdemeanor). ANY PERSON SIGNING FOR AN APPLICANT UNABLE TO SIGN FOR HIMSELF/HERSELF, MUST SIGN THE APPLICANT'S NAME AND PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PERSON ASSISTING THE APPLICANT (Signee)*

Applicant's Signature

Date

Spouse or Co-Owner's Signature

Date

Print Name

Print Name

(Signee Name)*

Date

Address

Telephone #

(Use only if another person signs for the applicant.)

FOR OFFICIAL USE ONLY	
Total Combined Income From Income Page (total from Box A and total from Box B)	\$
Total Combined Income for Additional Owners or Relatives Living in the House (From Attached Sheet)	\$
Total Combined Income for Real Estate Tax Relief	\$
Total Net Combined Financial Worth as of 12/31/05	\$

APPROVED []

DENIED []

Reason: _____